



PATENT



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Andrew C. Kim  
Appl. No. : 10/614,653  
Filed : July 7, 2003  
For : HYDRODYNAMIC SUTURE  
PASSE  
Examiner : Lindsey M. Bachman  
Group Art Unit : 3734

TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing in the United States Patent and Trademark Office is/are the following:

- (1) Revocation of Power of Attorney with a New Power of Attorney (PTO/SB/81).

Respectfully submitted,

Dated: Jan. 7, 2009

By:



James W. Chang  
Registration No. 52,718  
(909) 557-0585

JAN 12 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
OR  
REVOCATION OF POWER OF ATTORNEY  
WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

<b>Application Number</b>	10/614,653
<b>Filing Date</b>	July 7, 2003
<b>First Named Inventor</b>	Andrew C. Kim
<b>Title</b>	Hydrodynamic suture passer
<b>Art Unit</b>	3734
<b>Examiner Name</b>	Lindsey M. Bachman
<b>Attorney Docket Number</b>	ACK006

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:


OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number
James W. Chang	52,718

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:


OR

Firm or Individual Name James W. Chang

Address P.O. Box 1497

City Loma Linda State CA Zip 92354

Country U.S.A.

Telephone 909-557-0585 Email \_\_\_\_\_

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Andrew C. Kim</i>	Date	12/21/08
Name	ANDREW C. KIM	Telephone	951-699-6543
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.